



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

DATE OF REVIEW: 11/18/11

IRO CASE #: 37821

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Myelography lumboac RS&I; injection procedure myelography/CT dspinal (CPT codes 72265, 62284)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering lumbosacral problems

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
719.45	72265; 62285		Prospect.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of the reviewer and TDI case assignment.
2. TDI case assignment.
3. Letters of denial 10/05/11 & 10/19/11, including criteria used in the denial.
4. Correspondence: MD; Eric 07/18/11, MD, 05/02/11, and MD 04/29/11..
5. Pain management assessments and follow up 01/12/11 – 08/18/11.
6. Orthopedic surgery assessments and follow up 01/10/11 – 10/31/11.
7. URA documentation 01/11/11 – 10/19/11.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male who suffered a lifting injury to the lumbar spine on approximately xx/xx/xx. He has had low back pain and intermittent left leg pain subsequent to the lifting injury. He has had intermittent neurologic findings including straight leg raising test positive. However, neurological

evaluation has not been consistent. He has had continued complaints of pain in spite of non-operative treatment including activity modifications, medications, physical therapy, and epidural steroid injection. An MRI scan obtained more than a year previous to this report revealed degenerative spondylolisthesis at L4/L5 with a lateral disc herniation at L4. An intermittent recommendation for surgical treatment of the patient's complaints has been periodically met with refusal. There is no consistent recommendation for specific treatment as a surgical candidate. The current treating physician has requested a lumbar myelogram with CT scan follow-through. This request has been considered and denied, reconsidered and denied.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The patient has consistent complaints of low back pain and left lower extremity pain. However, neurological findings have not been consistent, and no objective physical findings of radiculopathy have been documented. There have been some considerations for surgical approach to this patient's painful symptoms. However, the recommendations are inconsistent, and the patient currently is not being considered as a surgical candidate. As such, lumbar myelogram with CT scan follow-through would not be considered. The ODG criteria are specific that CT myelogram is not recommended when MRI scan is available.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)